HAWAII STATE ETHICS COMMISSION DISCLOSURE OF FINANCIAL INTERESTS (LONG FORM)

DISCLOSURE OF FINANCIAL INTERESTS (LONG FORM)												
NAME (Last, First, Middle)				STATE POSITION HELD: (Dept/Div or Board/Commission)								
BEFITEL, Nelson B.				Denartment of Labor and Industrial Relations 01/01/03 / 12/06/04								
USE THE filer. List the so	ABBF	ITEM, EXCEPT REVIATIONS: "F" f ITEM 1: INCO (the term "source" at the preceding cale	or filer, "SP" for OME FOR SER also includes an	spouse, VICES y state o	"DC" for RENDE or other g	depender RED FO	nt children R PREC t agencie	n, and EDIN s) an	d "JT" for jo NG CALEN nd amount o	int interests NDAR YE of all incom	s of AR	the spouse and
F,SP,DC	JT,	NAME AND ADD	RESS OF SOU	RCE OF	INCOME		AMOUN	NΤ	SERVICE	S RENDER	REC)
F		State of Hawaii Department of L 830 Punchbowl Honolulu, Hawa	St., Suite 321	strial Re	elations		E		Director of Relations		nd	Industrial
I IChec	k ho	re if entry is None					F 10	Cher	ok here if a	dditional	ho	ets are attached
List the an	nount		2: OWNERSH	benefici	al intere	st held dur	ERESTS	S IN	BUSINES sure period	SES in any busi	nes	ss incorporated,
F,SP, DC,JT	BUS	SINESS NAME AN	D ADDRESS		NATUR	E OF BUS	INESS	NA	TURE OF I	NTEREST		VALUE OR NO. OF SHARES

[]Check here if additional sheets are attached

☑Check here if entry is None

ITEM 3: TRANSFER OF OWNERSHIP OR BENEFICIAL INTERESTS IN BUSINESSES

	g the disclosure period and the date of transfer.

F,SP, DC,JT	OWNERSHIP OR BENEFICIAL INTEREST TRANSFERRED DURING THIS DISCLOSURE PERIOD	DATE OF TRANSFER
re i		
 Chec	ck here if entry is None []Check here if additiona	I sheets are attached

ITEM 4: CREDITORS

List the name and address of each creditor to whom the value of \$3,000 or more was owed during the disclosure period and the original amount and amount outstanding (excluding debts arising out of retail transactions or the purchase of consumer goods).

F,SP, DC,JT	NAME OF CREDITOR AND ADDRESS	ORIGINAL AMOUNT OWED	AMOUNT OUTSTANDING
F	Graduate Loan Center P.O. Box 8155 Harrisburg, PA 17105	D	D

ITEM 5: OFFICERSHIPS, DIRECTORSHIPS, TRUSTEESHIPS

List every officership, directorship, trusteeship, or other fiduciary relationship held during the disclosure period in any business or organization, the term of office, and the annual compensation.

F,SP, DC,JT	NAME AND ADDRESS OF BUSINESS	TITLE HELD	TERM OF OFFICE	ANNUAL COMPENSATION
			1. 1	
Check here if entry is None []Check here if additional sheets are attached				

ITEM 6: INTERESTS IN REAL PROPERTY HELD IN THE STATE

List interests in real property in the State, held during the disclosure period, if the interest has a value of \$10,000 or more. F.SP. STREET ADDRESS TAX MAP KEY NUMBER VALUE DC,JT Check here if entry is None []Check here if additional sheets are attached ITEM 7: INTERESTS IN REAL PROPERTY ACQUIRED List interests in real property in the State, acquired during the disclosure period, if the interest has a value of \$10,000 or more. F,SP, TAX MAP KEY NUMBER & STREET ADDRESS AMOUNT & NATURE OF NAME OF PERSON CONSIDERATION PAID DC,JT RECEIVING THE CONSIDERATION Check here if entry is None []Check here if additional sheets are attached ITEM 8: INTERESTS IN REAL PROPERTY TRANSFERRED List interests in real property in the State, transferred during the disclosure period, if the interest has a value of \$10,000 or more. F,SP, TAX MAP KEY NUMBER & STREET ADDRESS AMOUNT & NATURE OF NAME OF PERSON DC,JT CONSIDERATION RECEIVED **FURNISHING THE** CONSIDERATION []Check here if additional sheets are attached

Check here if entry is None

ITEM 9: CLIENTS PERSONALLY REPRESENTED BEFORE STATE AGENCIES

List the names of clients personally represented by you before state agencies, except in ministerial matters, for a fee or compensation during the disclosure period, excluding clients represented before courts.

NAME OF CLIENT	NAME OF STATE AGENCY
Marcheck here if entry is None	[]Check here if additional sheets are attached

ITEM 10: CREDITOR INTERESTS IN INSOLVENT BUSINESSES

List the amount and identity of every creditor interest in insolvent businesses, held during the disclosure period, if the interest has a value of \$5,000 or more.

F,SP,DC,JT	NAME AND ADDRESS OF BUSINESS	NATURE OF BUSINESS	NATURE OF VALUE INTEREST	
			RECEIVED "04 MAY 13 AIO :22 STATE OF HAMA: STATE ETHICS COMMISSION	

CERTIFICATION: I hereby certify that the above is a true, correct, and complete statement to the best of my knowledge and belief. If I have a spouse and/or dependent children, I also hereby certify that I have included their interests on this form to the best of my knowledge and belief. I understand that it is a violation of State law, chapter 84, HRS, if information is not disclosed as required by chapter 84, HRS. I further understand that there are statutory penalties for noncompliance.

SIGNATURE

DATE'